

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 12/07/06		2 Serial/Patent # 6,308,610		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other surcharge 1558	19	2/8/06	\$ 1,640.00
<div style="border: 1px solid black; padding: 5px; margin: 5px;"> <i>HENRY W. Cummings</i> <i>3313 W. Adams St</i> <i>St. Charles, MO 63301</i> </div>		7 TOTAL AMOUNT OF REFUND		\$ 1,640.00
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;">--</div>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Irvin Dingle</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u><i>Irvin Dingle</i></u>		PHONE: <u>571-272-3210</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>12/8/06</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**